

Final Inspection for  
For Grant or Loan

County: \_\_\_\_\_

MARYLAND HISTORICAL TRUST  
OFFICE OF PRESERATION SERVICES  
EASEMENT PROPERTY INSPECTION CHECKLIST

Name of Property: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Property Address: \_\_\_\_\_

Area Covered:  Exterior  Interior  Archaeology  Land

Present Owner(s): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Present Occupant(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Present Use: \_\_\_\_\_

Inspector's Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Inspector's Affiliation: \_\_\_\_\_

Public Access Requirements Met?  No  Yes How/why? \_\_\_\_\_

Property reviewed by any other Historic Commission?  No  Yes Which? \_\_\_\_\_

ENVIRONMENT NEAR THE EASEMENT PROPERTY

Describe the general appearance of the surrounding lands. Are there open fields, timberlands, fenced farm lands, formally landscaped environs, private yards, other properties, or urban elements?

\_\_\_\_\_  
\_\_\_\_\_

Is the property near any major excavation, development project and/or industrial area? Please describe.

\_\_\_\_\_  
\_\_\_\_\_

THE EASEMENT PROPERTY

What is the general topography of the land? Is it steep, rolling, or level? Does it vary significantly around the property? Any erosion? Please describe.

\_\_\_\_\_  
\_\_\_\_\_

Has the ground surface recently been disturbed? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STANDING STRUCTURES ON THE PROPERTY

Please list the number, type and condition of standing structures on the easement property.

Number of Standing Structures: \_\_\_\_\_

1. \_\_\_\_\_ (main structure)

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

4. \_\_\_\_\_ 7. \_\_\_\_\_

**BUILDING ORIENTATION**

Approximate direction front door faces: \_\_\_\_\_

Weather condition & temperature: \_\_\_\_\_ Recent weather: \_\_\_\_\_

**GROUNDS** Vines on Building:  No  Yes \_\_\_\_\_

Trees/shrubs:  None  Good  Bad  Need trimming \_\_\_\_\_

Handicapped Access to building:  No  Yes  At grade  Ramp  Lift  \_\_\_\_\_

Fence Type:  None  Board  Picket  Rail  Masonry  Iron  Wire  \_\_\_\_\_

Pathways:  None  Brick  Gravel  Stone  Concrete  Asphalt  \_\_\_\_\_

Drive:  None  Brick  Gravel  Dirt  Concrete  Asphalt  \_\_\_\_\_

Patio:  None  Brick  Concrete  Stone  \_\_\_\_\_

Conditions & Comments: \_\_\_\_\_  
\_\_\_\_\_

**ROOF** Age of Surface (approx. years) \_\_\_\_\_

Type:  Rolled Mineral  Asbestos Cement  Slate  Imitation Slate  Built-up Composition  
 Wood Shingle  Single Ply Membrane  Metal  Terra Cotta  Asphalt/Fiberglass Shingle

Flashing Material:  Copper  Galvanized Steel  Aluminum  Painted/Unknown

Dormers:  No  Yes Number: \_\_\_\_\_ Style: \_\_\_\_\_

Conditions & Comments: \_\_\_\_\_  
\_\_\_\_\_

**GUTTERS/SITE DRAINAGE**

Gutter Type:  Attached  Painted (color): \_\_\_\_\_  Built-in Box  None

Gutter & Spout Material:  Aluminum  Copper  Vinyl  Galvanized Steel

Surface Grading:  Adequate  Flat  Slopes toward building

Site Drainage:  Adequate  Needs Improvement

Exterior Water Run-off:  Good  Marginal  Poor

Current Problems with:  Clogged gutters  Missing gutters  Non-aligned gutters  Splashblocks  
 Surface grading next to building  Length & direction of spout extensions

Conditions & Comments: \_\_\_\_\_  
\_\_\_\_\_

**EXTERIOR SURFACES**

Painted:  No  Yes Color: \_\_\_\_\_

Siding Type:  Wood Shingle  Clapboard  Stucco  Asbestos  Brick  Vinyl  
 Wood siding  Concrete  Stone  Aluminum  Block  \_\_\_\_\_

Brick or Stone pattern: \_\_\_\_\_ Sandblasted:  No  Yes

Cornice:  No  Brick  Wood  Metal Good Repair:  No  Yes Needs Paint:  No  Yes

Railings:  None  Wood  Steel  Iron

Deck:  None  Wood  Masonry

Porches:  None  Wood  Masonry  Screened Good Repair:  No  Yes

Conditions & Comments:

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STRUCTURE Age of Structure (approx. years) \_\_\_\_\_

Sound Structure?  No  Yes  Some Deficiency \_\_\_\_\_

Material:  Stone  Brick  Block  Stick Framing  Post & Beam  Log  \_\_\_\_\_

Foundation:  Full Basement  Crawl Space  Combination  Slab  \_\_\_\_\_

Foundation Material:  Brick  Block  Stone  Terra Cotta  Wood or Post  Poured Concrete

Foundation settlement:  Minimal  Average  Severe

Interior Framing settlement:  Minimal  Average  Severe

Evidence of Rising Damp:  No  Yes \_\_\_\_\_

Termites:  None seen  Damage  Un-repaired  Repaired

Conditions & Comments:

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CHIMNEYS Number \_\_\_\_\_  Exterior  Interior  Brick  Stone  \_\_\_\_\_

Conditions & Comments:

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WINDOWS Type:  Double Hung  Fixed  Casement  Industrial  Skylight

Material:  Wood  Aluminum  Steel  Vinyl  Vinyl Clad  Leaded Glass

Glazing pattern: \_\_\_\_\_  Broken panes  Broken locks

Loose or missing glazing putty:  No  Yes \_\_\_\_\_

Storm Windows:  None  Wood  Aluminum  Interior  Exterior \_\_\_\_\_

Shutters:  No  Yes  Hinged  Fixed to wall  Louvered  Panel  Combination

Conditions & Comments:

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EXTERIOR DOORS

Solid  Panel  Wood  Metal  Other  Glazed  Transom  Sidelights

Conditions & Comments:

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BASEMENT/CRAWL SPACE Water/moisture symptoms evident?  No  Yes

Water/moisture symptoms:  Water on floor  Damp floor  Deteriorated wood  Mildew

Efflorescence  Stains  Loose floor tiles

Drain tile/Sump pump installed?  No  Yes

Basement ventilated?  No  Yes Crawl space ventilated?  No  Yes

VENTILATION/INSULATION Attic ventilation:  Good  Marginal  Poor

Attic Vent type:  Gable  Soffit  Ridge  Attic Window(s)  Roof vent/fan

Insulation:  None  Attic \_\_\_\_\_  Exterior walls \_\_\_\_\_

**INTERIOR SURFACES**

Wall type:  Plaster  Drywall  Paneling  Wainscoting

Ceiling:  Plaster  Drywall  Acoustic Tile  Hung Tile  
 Wood  Crown Molding  Decorative Plaster

Conditions & Comments:

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**FLOORS**

	Basement	First	Second	Third/attic	Stairway	Bath	Kitchen
Hardwood	<input type="checkbox"/>						
Pine	<input type="checkbox"/>						
Plywood	<input type="checkbox"/>						
Carpet	<input type="checkbox"/>						
Vinyl	<input type="checkbox"/>						
Ceramic	<input type="checkbox"/>						
Brick	<input type="checkbox"/>						
Concrete	<input type="checkbox"/>						
Dirt	<input type="checkbox"/>						

Conditions & Comments:

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**INTERIOR DOORS**

Solid  Panel  Wood  Metal  Batten  Sliding  Other  Transoms

Conditions & Comments:

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**KITCHEN**

Historic cabinets?  No  Yes  Wood  Metal \_\_\_\_\_

**PLUMBING**

Public water  Public sewer  Well system  Septic

**HEATING**

Age (approx. years) \_\_\_\_\_  Gas  Oil  Electric  Wood/Coal

Hot water boiler?  No  Yes  Baseboard  Radiator  Fan Coils  Radiant

Hot forced air?  No  Yes Furnace boiler/flues:  Masonry  Metal

Fireplaces:  No  Masonry  Metal Chimney Flues:  Masonry  Metal

Flue Dampers:  No  Yes Masonry Flues are:  Lined  Unlined

Wood Stoves:  No  Yes \_\_\_\_\_

**COOLING**

No  Yes Age (approx. years) \_\_\_\_\_  Electric  Gas

Shares heating ductwork  Separate system  Window units

